

# THINKING AHEAD



- MY WAY.
- MY CHOICE.
- MY LIFE AT THE END.



*There is life, and there is death. You don't know what's going to happen today or tomorrow so you have to be prepared.*

Connie Martinez, 2008

## ABOUT THE THINKING AHEAD WORKBOOK

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The idea for the Thinking Ahead workbook originally came from California advocates with developmental disabilities who wanted to share their experiences and ideas about the importance of making end-of-life decisions. The original development and distribution of this workbook in California was made possible by a Wellness Grant through the California Department of Developmental Services (CDDS).

CDDS has generously given the Texas Department of Aging and Disability Services (DADS) permission to modify and issue this edition of the workbook for use in Texas. DADS Center for Policy and Innovation, DADS Media Services and many others contributed to the development of the Texas edition.

The following people and organizations were collaborators in the creation of this workbook in California:

- Alta California Regional Center
- Eastern Los Angeles Regional Center
- Golden Gate Regional Center
- Redwood Coast Regional Center
- California Coalition for Compassionate Care
- Developmental Disabilities Advisory Group
- Board Resource Center™
- Making Complex Ideas Simple

# TABLE OF CONTENTS



<b>How To Use This Workbook .....</b>	<b>1</b>
<b>Choosing The Right Person To Help.....</b>	<b>3</b>
Who can help? .....	3
My Trusted Person .....	3
<b>My Final Days .....</b>	<b>4</b>
Ideas to think about: .....	5
(1) Where I want to live .....	5
(2) How I want to be cared for .....	5
(3) My quality of life .....	6
(4) My life support treatment .....	6
Next Steps .....	7
<b>My Health Care Agent .....</b>	<b>8</b>
Who can speak for you? .....	8
<b>My Health Care Agent .....</b>	<b>9</b>
My Decision .....	9
Next Steps .....	9
<b>Personal Requests.....</b>	<b>10</b>
Ideas to think about: .....	10
(5) Where I want my things to go .....	10
(6) Gifts I want to give .....	12
(7) My body .....	13
(8) Being remembered .....	14
<b>Staying In Control .....</b>	<b>15</b>
Next Steps .....	15
Here are some planning tips .....	16
<b>Helpful Resources.....</b>	<b>17</b>

# HOW TO USE THIS WORKBOOK



Living your life your way also means making choices about the end of your life. You probably know someone – a family member, support person or friend – who has died.

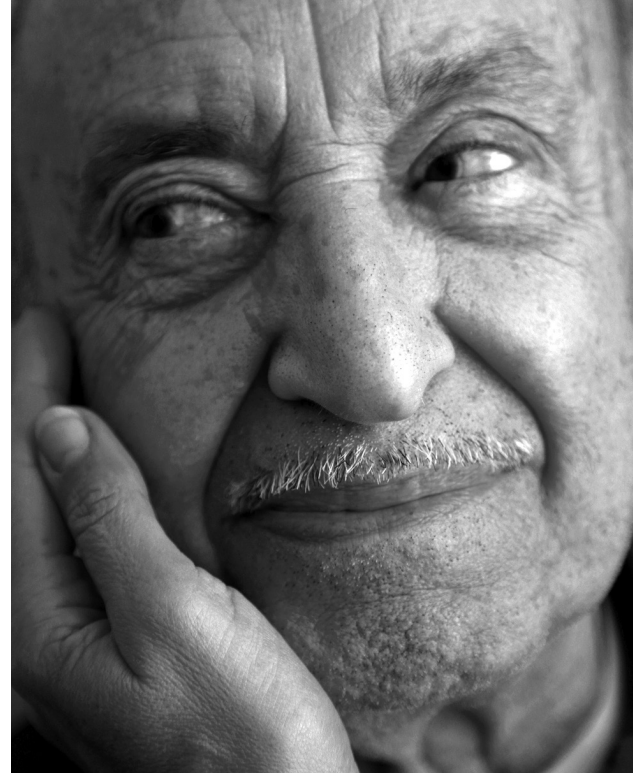
Talking about death and dying is hard, but being prepared for that time helps make sure your choices are respected. Making your own decisions shows you are in control, now and up to the very end.

This workbook will help you plan what you want to happen at the end of your life.

These are important decisions about:

- How you want to live.
- What you would like to do with your personal items.
- How you want people to remember you.
- Who can make medical choices for you.

*Making your own decisions shows you are in control, now and up to the very end.*



You should complete this workbook with a Trusted Friend. Be sure to:

1. Review the whole workbook before making your decisions or writing down your choices.
2. Take your time to complete the workbook. Take two or more sessions. Use support from a Trusted Friend.
3. Complete the final days and personal requests sections of this workbook.
4. Remember to fill out the official forms needed:
  - ☐ Directive to Physicians and Family or Surrogates form.
  - ☐ Medical Power of Attorney form.
  - ☐ Out-of-Hospital Do Not Resuscitate form.

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*You can find copies of all these forms at [www.dads.state.tx.us](http://www.dads.state.tx.us) – search for “Advance Directives” in the search box.*

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5. Give copies of these forms to important people, such as your health care agent, your doctors, other health care providers and your family.

*“Complete this workbook with a trusted friend.”*

# CHOOSING THE RIGHT PERSON TO HELP



Everyone needs help when thinking ahead and carrying out plans at the end of this life. Choosing a Trusted Friend to help you complete this workbook is the first step. This person should be comfortable talking with you about end-of-life choices.

## Who can help?

Someone who:

- Knows you well and cares about what is important to you.
- Helps without telling you what you should do.
- Listens to you and is respectful.
- Will stand up for you and your choices.
- Will help you complete this workbook.

## My Trusted Person

I, \_\_\_\_\_ ,  
(your name)

want \_\_\_\_\_ to help me.  
(your trusted friend's name)

**Ask your Trusted Friend to sign under this statement:**

*As a Trusted Friend, I agree to listen, explain and write down what is important to you without taking over or dictating what you do.*

\_\_\_\_\_  
Signature



# MY FINAL DAYS

Everyone has the right to die with dignity, respect and feeling at peace. When people close to you know what comforts you, they can support you. This is the time to think about what you want during your final days and make decisions about your healthcare.

Quality of life, or how you want to live, is different for each person. It is important that you decide how you want to feel at the end of life and what treatment is right for you. Life support is used to help keep people alive when they are very sick and close to death. Treatment can be medicines, breathing machines, tube feeding and drinking, CPR, dialysis or surgeries.

No matter what end-of-life treatment you want, doctors must make you as comfortable as possible through the very end. Think about what makes your life worth living as you make your end-of-life choices.

With your Trusted Friend, share your thoughts and feelings about how you want your final days of life to be.

*When people close to you know what comforts you,  
they can support you.*



# MY FINAL DAYS



## Ideas to think about:

- Where you want to live in your final days.
- How you want to be cared for.
- What quality of life you want.
- What life support treatment you want.

### (1) WHERE I WANT TO LIVE

*Mark your choice or write it below.*

I want to stay:

- ☐ In my home.      ☐ With my family.      ☐ At a hospital.
- ☐ In another place: \_\_\_\_\_

### (2) HOW I WANT TO BE CARED FOR

*Mark your choice or write it below.*

I want to:

- |   |   |
|---|---|
| <input type="checkbox"/> Spend time with family and friends.                | <input type="checkbox"/> Have my favorite things around me. |
| <input type="checkbox"/> Have personal care that helps me feel comfortable. | <input type="checkbox"/> Have my favorite music playing.    |
|   | <input type="checkbox"/> Have my religion respected.        |
| <input type="checkbox"/> Other: _____                                       |   |



### (3) MY QUALITY OF LIFE

*Mark your choice or write it below.*

It is important that I:

- ☐ Am awake and can think for myself.
- ☐ Can communicate with family or friends.
- ☐ Am free from constant and very bad pain.
- ☐ Am not connected to a machine all the time.
- ☐ Other: \_\_\_\_\_

### (4) MY LIFE SUPPORT TREATMENT

*Mark your choice or write it below.*

If my doctors say I will die soon and life support would only postpone my death, I:

- ☐ Want life support treatment as long as possible.
- ☐ Do not want any life support treatment.
- ☐ Want someone I know and trust to decide for me.
- ☐ Other: \_\_\_\_\_

*“Think about what makes your life worth living...”*

# MY FINAL DAYS



## Next Steps

1. Put your medical treatment choices on the Directive to Physicians and Family or Surrogates form.
2. Sign the form in front of two witnesses.
3. Make copies for your doctor and other important people.
4. Save your workbook and the original form you completed.





# MY HEALTH CARE AGENT

It is important to choose a person who can be your health care agent and act as your medical power of attorney. Decisions in your Advance Directive form are carried out by your health care agent.



## Who can speak for you?

### Your health care agent:

- Is nearby to help you when needed.
- Will speak to doctors, nurses and social workers for you.
- Follows your advance directive.
- Is your legal spokesperson when you cannot speak for yourself.

### Your health care agent cannot be:

- Your doctor.
- Staff of a clinic or hospital where you get health care.
- Your group home or nursing home provider.
- Staff of a group home or nursing home where you live.
- Any paid support staff.

*“It’s important to chose the right person to be your health care agent.”*

# MY HEALTH CARE AGENT



**The Medical Power of Attorney form is a document that:**

- Expresses your choices about life support treatment.
- Says who will speak with your doctor when you cannot.
- Guides your doctor about what you want.

Decide who to ask to be your health care agent and put together your personal plans.

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*Good to remember: Some people have court-appointed guardians. If you have a guardian, check to see if they may already be your health care agent. Meet with him or her to complete this section of the workbook.*

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## My Decision:

I want \_\_\_\_\_  
(your chosen person's name)  
to be my health care agent, and he or she agrees.

## Next Steps

1. Complete the Medical Power of Attorney form.
2. Sign the form in front of two witnesses or a notary public.
3. Make sure your health care agent has a copy of both forms.



# PERSONAL REQUESTS

At the end of life, there are important decisions to make about your final wishes.

Your end-of-life planning includes choices about your final days, where your belongings will go, and how you want to be remembered.



## Ideas to think about:

- Where you want your personal things to go after death.
- Your funeral, and whether you want to be buried or cremated.
- How you want to be remembered.

### (5) WHERE I WANT MY THINGS TO GO

Everyone has important things that belong to them. Sometimes people donate personal items to organizations or give them to friends and family members.

*“There are important decisions to make about your final wishes.”*

# PERSONAL REQUESTS



*Think about where you want your things to go and write it down.*

Money: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clothing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Furniture: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pets: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## (6) GIFTS I WANT TO GIVE

Sometimes people donate personal items to charities or other organizations, or they give special gifts to friends and family members who have been important to them.

*Write what you want to give and to whom.*

Item: \_\_\_\_\_

To: \_\_\_\_\_

Item: \_\_\_\_\_

To: \_\_\_\_\_

Item: \_\_\_\_\_

To: \_\_\_\_\_

Item: \_\_\_\_\_

To: \_\_\_\_\_

Item: \_\_\_\_\_

To: \_\_\_\_\_

Item: \_\_\_\_\_

To: \_\_\_\_\_

# PERSONAL REQUESTS



## (7) MY BODY

Sometimes people have religious or family ideas that help them decide what happens to their bodies after death.

*Think about what you want. Mark your choice, and write it down.*

I want to:

☐ Be buried at \_\_\_\_\_  
\_\_\_\_\_

☐ Be cremated and have my ashes \_\_\_\_\_  
\_\_\_\_\_

☐ Donate my organs.

☐ Donate my body to science.

☐ Other \_\_\_\_\_  
\_\_\_\_\_

*“Think about what  
you want and make  
your choice.”*



## (8) BEING REMEMBERED

Many people pay their respects and celebrate the life of someone who has died by setting a special time to remember them.

*Think about what you want and write it down.*

I want a service or celebration at:

☐ My place of  
worship.

☐ A funeral home.

☐ My burial place.

☐ Other place: \_\_\_\_\_  
\_\_\_\_\_

I want people to remember me by doing this: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*“Let others know how you want them to  
celebrate your life.”*

# STAYING IN CONTROL



*Think about how you want people to remember you at a service or celebration, and write it down.*

I would like:

☐ People to share their memories about me.

☐ Music played such as:

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☐ A reading from: \_\_\_\_\_

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☐ Other: \_\_\_\_\_

## Next Steps

1. Put your choices on the advance care planning forms.  
These forms are available at [www.dads.state.tx.us](http://www.dads.state.tx.us).
2. Make copies for important people.
3. Save your workbook and the original advanced care planning forms you completed.



# STAYING IN CONTROL

When you finish your Thinking Ahead workbook and complete the forms at the end, you have exercised your right to live your life your way — now and at the very end.

You will be prepared.

You will have a plan to share with loved ones, your doctor and other important people in your life.



## Here are some planning tips:

1. Get information in ways YOU can understand.
2. Share your plan with important people.
3. Make changes to your plan if you need to.
4. Make your own decisions.

*“You have exercised your right to live your life your way — now and at the very end.”*

# HELPFUL RESOURCES



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## **[www.caringinfo.org](http://www.caringinfo.org)**

Caring Connections is a program of the National Hospice and Palliative Care Organization, a consumer and community organization committed to improving care at the end of life.

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## **[www.agingwithdignity.org/five-wishes](http://www.agingwithdignity.org/five-wishes)**

The Five Wishes document helps people express how they want to be treated if they are seriously ill and unable to speak for themselves. It includes medical, personal, emotional and spiritual needs.

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## **[www.dads.state.tx.us providers/qmp/index.cfm](http://www.dads.state.tx.us/providers/qmp/index.cfm)**

The Texas Department of Aging and Disability Services Quality Matters web page is a resource of evidence-based best practices to help providers do the right thing in the right way at the right time to achieve the best possible outcome.

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## **[www.TexasLivingWill.org](http://www.TexasLivingWill.org)**

This website was developed to educate and assist people in completing a Texas Advance Directive. Information and forms are available in English and Spanish.